

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

109936

FILING DATE

1-4-80

APPLICANT(S)

Lindahl et al

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5		1		1		
6				2		
7				2		
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	1		5			
TOTAL CLAIMS	5		9			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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